Food Allergies

Rebecca Scherzer, MD
Associate Professor of Pediatrics
Allergy and Immunology
Nationwide Children’s Hospital
The Ohio State University Wexner Medical Center

Food Allergy (hypersensitivity)

• Definition:
  - An adverse health effect arising from a specific immune response that occurs reproducibly on exposure to a given food
## Food Adverse Reactions

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
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<tr>
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<td>• Pharmacologic</td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td>• Toxins</td>
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- **Food Allergy**
  - IgE mediated
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### Food Hypersensitivity Disorders

<table>
<thead>
<tr>
<th><strong>IgE mediated</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastrointestinal</td>
<td>Oral allergy syndrome, gastrointestinal anaphylaxis</td>
</tr>
<tr>
<td>Cutaneous</td>
<td>Urticaria, angioedema, morbilliform rashes and flushing</td>
</tr>
<tr>
<td>Respiratory</td>
<td>Acute rhinoconjunctivitis, bronchospasm (wheezing)</td>
</tr>
<tr>
<td>Generalized</td>
<td>Anaphylactic shock</td>
</tr>
</tbody>
</table>

### Food Hypersensitivity Disorders

<table>
<thead>
<tr>
<th><strong>Mixed IgE and cell mediated</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Gastrointestinal</td>
<td>Eosinophilic esophagitis/ Gastroenteropathy</td>
</tr>
<tr>
<td>Cutaneous</td>
<td>Atopic dermatitis</td>
</tr>
<tr>
<td>Respiratory</td>
<td>Asthma</td>
</tr>
</tbody>
</table>

*J Allergy Clin Immunol May 2004, 113:805-19*
### Food Hypersensitivity Disorders

<table>
<thead>
<tr>
<th>Cell mediated</th>
<th>Gastrointestinal</th>
<th>Food protein -- induced enterocolitis Syndrome (FPIES)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Food protein – induced proctocolitis (allergic colitis)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Food protein – induced enteropathy syndromes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Celiac disease</td>
</tr>
<tr>
<td>Cutaneous</td>
<td>Contact dermatitis, Dermatitis</td>
<td>herpetiformis</td>
</tr>
<tr>
<td>Respiratory</td>
<td>Food-induced pulmonary</td>
<td>hemosiderosis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Heiner syndrome)</td>
</tr>
</tbody>
</table>

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### Food Hypersensitivity Reactions

- The most studied type of food reaction is Type 1 -- IgE mediated:
  - Occurs when there is a failure to develop or with a breakdown in oral tolerance
  - This results in production of food-specific IgE antibodies

*J Allergy Clin Immunol May 2004, 113:805-19*
**IgE Mediated Responses**

**Food Allergy**

- Food Allergy appears to be the leading cause of anaphylaxis outside of hospitals

- Accounts for 30,000 cases of anaphylaxis treated in Emergency Departments each year

*Sampson, HA Update on Food allergy. J allergy Clin Immunol 2004;113:805-819*
Prevalance of Food Allergy

• Affects 4-8% of children  
  NCHS Data Brief. No 10; October 2008
• Affects 3-4% of adults  
• 73% caused by Milk, Egg, and Peanut in Peds  
• Up to 95% of reactions in children are caused by: Milk, Eggs, Peanut, Tree Nut, Soy, Wheat and Fish
• In Adults, peanut, tree nuts, and seafoods most common

Prevalence of Food Allergy in the United States

<table>
<thead>
<tr>
<th>Food</th>
<th>Young Children</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td>2.5%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Egg</td>
<td>1.3%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Peanut</td>
<td>0.8%*</td>
<td>0.6%</td>
</tr>
<tr>
<td>Tree Nuts</td>
<td>0.2%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Fish</td>
<td>0.1%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Shellfish</td>
<td>0.1%</td>
<td>2%</td>
</tr>
<tr>
<td>OVERALL</td>
<td>6%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>
Food Allergies

Peter Mustillo, MD
Associate Professor of Pediatrics & Internal Medicine
Allergy and Immunology
Nationwide Children’s Hospital
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Case 1

- A 9 year old girl with hives on her arms.
…Case 1

• 5 minutes earlier had just eaten a cookie.
• She has a medical ID bracelet indicating a known peanut allergy. She also has asthma.

Courtesy of Allermates ™

…Case 1

• She is able to converse with you, and complains that the hives are “itchy,” but denies any other symptoms at this time.
• Has Benadryl (PO), Albuterol and an Epinephrine auto injector available
• Her food allergy action plan is not available.
### Case 1: Question #1
Which medication would you give to her at this time?

<table>
<thead>
<tr>
<th>Option</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Benadryl (diphenhydramine)</td>
</tr>
<tr>
<td>B.</td>
<td>Epinephrine auto injector</td>
</tr>
<tr>
<td>C.</td>
<td>Albuterol</td>
</tr>
<tr>
<td>D.</td>
<td>No medication, just watch and wait</td>
</tr>
</tbody>
</table>
…Case 1

• As you are about to reach for the Benadryl, she begins to cough and clear her throat.
• She is able to talk, but is beginning to have a mild wheeze and mild shortness of breath.

…Case 1: Question #2
At this time which medication would you administer?

A. Benadryl (diphenhydramine)
B. Albuterol
C. Epinephrine Auto injector
D. Both A and B
...Case 1: Question #2
At this time which medication would you administer?

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B. Albuterol
C. Epinephrine Auto injector
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ANAPHYLAXIS: Manifestations

- RESPIRATORY
  - Dyspnea
  - Chest tightness
  - Wheezing
  - Cough
  - Stridor

- CUTANEOUS
  - Urticaria (diffuse)
  - Angioedema
  - Generalized pruritis
  - Hushing

- NEUROLOGIC
  - Impending doom
  - Husssiness (Infants)

- CARDIOVASCULAR
  - Lightheaded/Syncope
  - Hypotension
  - Tachycardia / Chest discomfort

- GASTROINTESTINAL
  - Abd. Pain / Cramping
  - Nausea/Vomiting/Diarrhea

- NASO-OCULAR
  - Rhinorrhea/Conjunctivitis
  - Congestion
  - Sneezing (repetitive)
ANAPHYLAXIS: Defined

- An acute, serious and potentially life-threatening systemic reaction with varied mechanisms, clinical presentations, and severity, resulting from the sudden systemic release of mediators from mast cells and basophils.

ANAPHYLAXIS: treat early

- If precious minutes are lost early in the course of a systemic allergic reaction, subsequent management can become more difficult.
- Most fatalities related to food allergies are due to delaying administration of epinephrine
- **ADMINISTER EPINEPHRINE EARLY in the course of anaphylaxis!**
Epinephrine auto-injector

Provided by Center Laboratories, Washington USA 1993
Epinephrine Administration

- Intramuscular preferred over subcutaneous
  - Mid-anterolateral thigh

![Graph showing time to C_max after injection for intramuscular and subcutaneous epinephrine]


Epinephrine Auto injectors
Spectrum / Severity of Food Allergies Varies Greatly

Eczema ↔ Anaphylaxis

Eczema and Food Allergy

30% of infants / young children with moderate to severe eczema have an associated food allergy

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Diagnosing Food Allergies

- History
  - What food had been eaten?
  - Time course of reaction
  - Symptoms and treatment of reaction
  - Previous exposure?
  - Other food allergies?
  - Other atopic (allergic) disease?

- Diagnostic Studies
  - Allergy Skin testing +/- food specific IgE tests
  - Age requirements?
  - Patch testing?
Diagnosis

• Skin Prick Testing
  – Simple and safe procedure to perform in office
    • Relatively inexpensive
  – Results in 20 minutes
    • Do not have to wait for lab testing/results
    • Can discuss the results while the patient still in clinic
    • Necessary teaching occurs during appt
  – Good negative predictive value (IgE-mediated)
  – Lower positive predictive

Diagnosis

• Skin Prick testing
  – Confirms sensitization but does not always confirm clinical diagnosis
  – Examples when cannot be performed: severe eczema, dermatographism/urticaria, patient cannot stop antihistamines, small surface area
**Diagnosis**

- **Serum Food-Specific IgE levels**
  - Best interpreted by healthcare provider
  - Studies have shown reactions in patients with levels below detectable limits and positive values may represent sensitization and not clinical reactivity
  - Avoid testing with Panels
    - Not economical
    - Leads to irrelevant positive tests
      - Positive results may not have clinical significance
      - Positive results may be secondary to cross reactivity between related foods


**WHAT DOES FOOD-SPECIFIC IGE LEVEL REALLY MEAN?**

Probability of reacting to a food at a given IgE level.

*Sampson HA. J Allergy and Clin Immun 2001;107:891-6*
## sIgE Allergy Profiles

<table>
<thead>
<tr>
<th>Food Allergy Profile</th>
<th>Childhood Allergen Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Total IgE</td>
<td>• Total IgE</td>
</tr>
<tr>
<td>• Milk (cow)</td>
<td>• Dust mite (fariniae)</td>
</tr>
<tr>
<td>• Soybean</td>
<td>• Cat dander, Dog dander</td>
</tr>
<tr>
<td>• Egg white</td>
<td>• Cockroach</td>
</tr>
<tr>
<td>• Peanut, Walnut</td>
<td>• Alternaria mold</td>
</tr>
<tr>
<td>• Wheat</td>
<td>• Milk (cow)</td>
</tr>
<tr>
<td>• Codfish</td>
<td>• Soybean</td>
</tr>
<tr>
<td>• Shrimp, Scallop, Clam</td>
<td>• Egg white</td>
</tr>
<tr>
<td>• Corn</td>
<td>• Peanut, Wheat, Codfish</td>
</tr>
<tr>
<td>• PRICE $$$</td>
<td>• PRICE $$$</td>
</tr>
</tbody>
</table>

## Food sIgE testing:

- Has limited sensitivity and specificity
- *Does not distinguish between sensitization and (clinical) allergy*
- Does not determine reaction “severity”
- Does not identify non-IgE mediated allergies that may be causing symptoms
- Does not determine significance of cross-reactivity

Sicherer S: Medscape Education 2012
Food Allergy Diagnostic Pearls

- History determines pretest probability
- Nothing will substitute for a detailed history taken by an expert
- Tests are not designed for screening (values are difficult to interpret without a supportive history)
- Ordering panels is not recommended
- (+) Test results in absence of history should be interpreted cautiously

Sicherer S: Medscape Education 2012

Food Challenges

- Gold Standard to diagnose food allergy
  - Open
  - Single-Blinded
  - Double-Blinded
### Does Maternal / Infant diet affect atopy risk?

Based on lack of evidence to support earlier position, AAP *withdrew* recommendations for at risk infants to:

1. Avoid egg until age 2 years
2. Avoid peanut, tree nuts and seafood until age 3 years
3. Mothers avoid peanuts during pregnancy and while breast feeding

### Maternal / Infant diet: AAP Updated Position Statement:

“current evidence does not support a major role for maternal dietary restrictions during pregnancy or lactation…. There is also little evidence that delaying timing of the introduction of complementary foods beyond 4-6 months of age prevents the occurrence of atopic disease.”
Will they outgrow their food allergies?

Peanut--20% will develop clinical tolerance

<table>
<thead>
<tr>
<th>Age</th>
<th>4</th>
<th>8</th>
<th>12</th>
<th>16</th>
</tr>
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<tbody>
<tr>
<td>Cow’s milk</td>
<td>5%</td>
<td>21%</td>
<td>37%</td>
<td>55%</td>
</tr>
<tr>
<td>Egg</td>
<td>4%</td>
<td>26%</td>
<td>48%</td>
<td>68%</td>
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Treatment

• The only way to avoid future reactions is complete avoidance of known food allergens
  ▪ Education is critical
  ▪ Consider dietary involvement

• Even with teaching 50% of patients had accidental ingestions over a 5 year time period

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Treatment

• Current treatment in avoidance
• Very good education for family and all caregivers crucial
• Teaching on the use of self-injectable epinephrine is very important!
  – All people taking care of the child
  – Clear instruction on when to use the medication

• Consult nutrition if there are one or more major food groups involved
Food Allergies

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Case 2

A 19 y/o male is seen in your office for complaints of discomfort in his upper chest during meals, and more recently gagging during eating. Other than some seasonal allergic rhinitis, he has been previously healthy. Physical exam is unremarkable.

You start him on a proton pump inhibitor bid, recommend he avoids caffeine, and suggest a follow-up in 4 weeks.
---Case 2---

On follow-up, he tells you he is no better on the antacid, and twice in the past 2 weeks was unable to swallow meat, until it was washed down with an extra beer.

You subsequently refer him to GI, who performs an upper endoscopy.

Endoscopic photo gallery from North American Society for Pediatric Gastroenterology, Hepatology and Nutrition.
**Case #2**

Which of the following would be the most likely diagnosis?

A) Candida esophagitis  
B) Vocal cord dysfunction  
C) Severe gastroesophageal reflux disease  
D) Eosinophilic esophagitis
## Eosinophilic Esophagitis

- An immune reaction due to an IgE mediated, non-IgE mediated or combined response
- Characterized by infiltration of the esophagus with eosinophils (≥ 15/hpf)
- Seen most often during infancy through adolescence

## Eosinophilic Esophagitis: Clinical Signs and Symptoms

- Failure to thrive / Poor weight gain
- Recurrent vomiting
- Abdominal pain
- Heartburn
- Difficultly swallowing
- Food impaction
### Eosinophilic Esophagitis (EoE)

#### Clinical Features in INFANTS

Symptoms may be more vague
- Feeding refusal
- Early satiety
- Failure to thrive
- Poor weight gain
- Pyloric stenosis with outlet obstruction and postprandial projectile emesis

**Eosinophilic Esophagitis**

- Commonly, but not always attributed to food allergy (68% (+) Skin test +/- RAST).
  

- Treatment options
  - Food elimination or hypoallergenic formula
  - Swallowed topical steroid treatment

- Long term prognosis unclear
  - Strictures in some
### Case 3

You order a renal angiogram on a 68 y/o female patient. Which of the following is NOT relevant to the study:

A) The indication for testing  
B) She has a shellfish allergy  
C) Her creatinine is 1.3  
D) She takes warfarin  
E) All of the above are important
Case 3

A) The indication for testing  
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...Case 3: The Shellfish Allergy and Radio-contrast Misconception

-Shellfish allergy is related to tropomyosin
-Adverse reactions to radiocontrast are generally due to hypertonicity (known to augment basophil and mast cell histamine release)
-Patients with allergies/adverse reactions to shellfish tolerate topical and oral iodine
-There is no association linking shellfish and radiocontrast media adverse reactions
Vaccinations & Egg Allergy

What vaccines should be avoided?
1) Influenza – obtain detailed history
   – if tolerates any egg in food, ok to give
   – if anaphylaxis to egg, consult expert
   – avoid Flumist if egg allergic!
   – FluBlock OK (approved in 2013 age ≥ 18y)
2) Yellow Fever (evaluate and test 1st)
3) Rabies (Imovax not contraindicated)

**MMR is NOT contraindicated!**